Form 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Check if applicable:  Address change Name change Initial return Termination Amended return  Amended return  Amended return  Amended return  Actives change Initial return Amended return  Amended return	receipts \$ 122734.09
Address change  Name change Initial return  Termination  Amended return  □ Amended return  Amended return  □ Address change Initial return  Amended return  □ Amended return	+ 458-0801 recepts \$ 122734.09
Name change Initial return Interpretation Inameded return  Initial return Initial return Indication Initial return Initial re	458-0801 recepts \$ 122734.09
☐ Initial return ☐ Termination ☐ Amended return ☐ Amended return ☐ Amended return ☐ Initial return ☐ Termination ☐ Amended return ☐ Gross ☐ Gross	receipts \$ 122734.09
Termination Amended return  City or town, state or country, and ZIP + 4  Sheboygan, WI 53081-4240  G Gross	
Amended return thous. Sheboygan, WI 53081-4240 G Gross	
Americeo return	
Application pending   F Name and address of principal officer: Ralph Reineking   H(a) is this a group refu	
	a list. (see instructions)
J Website: ► None H(c) Group exemption r	
	of legal domicile: VVI
Part I Summary	
1 Briefly describe the organization's mission or most significant activities: Veterans organization h	elping other veterans
a	
2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its assets.  3 Number of voting members of the governing body (Part VI, line 1a)	
E	
2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	381
4 Number of independent voting members of the governing body (Part VI, line 1b)	
5 Total number of employees (Part V, line 2a)	11
6 Total number of volunteers (estimate if necessary)	20
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	60306.39
b Net unrelated business taxable income from Form 990-T, line 34	-2117.13
Prior Year	Current Year
<del></del>	· · · · · · · · · · · · · · · · · · ·
8 Contributions and grants (Part VIII, line 1h)	<del></del>
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<del></del>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<del></del>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 ) 130936.88	122734.09
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	1461.80
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14040.10
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  1 Total fundraising expenses (Part IX, column (A), line 25)	· · ·
b Total fundraising expenses (Part IX, column (D), line 25) ▶	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	118664.29
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 135733.91	134166.19
19 Revenue less expenses. Subtract line 18 from line (2 (F.)/F.)	-11432.10
Beginning of Year	End of Year
	512414.97
20 Total assets (Part X, line 16)	
= 31 00 Not constant bulgaries Orbanist Provide from 12 - 00	2124.99
Part III Signature Block	510289.98
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	ha Ab a b a a 4 a 4 a a a 4 a a a a 4 a a a
and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	to the best of my knowledge. Preparer has any knowledge.
Sign Rash Reineburg 19/25	-100
	101
11010 11 471	
Ralph Reineking Quartermaster	
Type or print name and title	
	identifying number
Paid signature San-lemployed ▶ ☐ see instru	cuons)
Preparer's	
Use Only if self-employed).	1
address, and ZIP + 4 Phone no. ▶ (	<del>'</del>
May the IRS discuss this return with the preparer shown above? (see instructions)	. Yes No
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y	Form <b>990</b> (2008)

./ 248

Page 2
☐ Yes ☐ No
Yes No
expenses. of grants and
)
)
)

Par	Statement of Program Service Accomplishments (see instructions)											
1	Briefly describe the organization's mission:											
	To help other veterans											
2	Did the organization undertake any significant program services during the year which were not listed on	N.										
	the prior Form 990 or 990-EZ?	NO										
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No										
	services?											
	Target in the exempt purpose achievements for each of the organization's three largest program services by expenses.											
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.											
	and date to the total dispersion of the total day in any in the total program of the topolism											
4a	(Code: ) (Expenses \$including grants of \$) (Revenue \$)											
-	(											
	······································											
	·····											
41:	(O d ) (C )											
4b	(Code:) (Expenses \$ Including grants of \$) (Revenue \$)											
	***************************************											
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)											
	••••••											
		- <b></b> -										
	***************************************											
<del></del>												
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )											
40												
	Total program service expenses ▶ \$ (Must equal Part IX, Line 25, column (B).)											

Form 990 (2008)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>\</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	DId the organization report on Part iX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17 40	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		<b>√</b>
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		<b>∀</b>
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J.	23		<b>\</b>
24a	Dld the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
_	24b-24d and complete Schedule K. If "No," go to question 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
۵ محم	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓_
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
26 27	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27 	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantlal contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	_ }	<u> </u>

Pai	TEIV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Ilne 1	34		1
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (2008)

Pai	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Dld the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 10 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	İ		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes," to question 5a or 5b, dld the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		1
6a	Did the organization solicit any contributions that were not tax deductible?	6a		1
	If "Yes," dld the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>7</b> a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		<b>✓</b>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		-√
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
0	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12.			
1	Gross receipts, Included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
-	Gross income from members or shareholders		ļ	
	Gross income from other sources (Do not net amounts due or paid to other sources against	İ	1	
_	amounts due or received from them.)			
2a b	Section 4047/oV4) man assemble to the state to the section of the	12a		✓

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			١.
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ.,	<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<b>✓</b>	L
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			١.
	of the governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<b>✓</b>	<b>├</b> ─
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•		
	the year by the following:	1		
а	The governing body?	<u>8a</u>	<b>✓</b>	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	✓_	ļ.,
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		1
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		1
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		✓
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe In Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			1
а	The organization's CEO, Executive Director, or top management official?	15a		1
b	Other officers or key employees of the organization?	15b		✓
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization Invest in, contribute assets to, or participate In a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
Sec	tion C. Disclosure	16b	L	
17				
18	List the states with which a copy of this Form 990 is required to be filed Utah			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024 if applicable)), 990-T (501(or 1024	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.  Own website  Another's website  Upon request			
19	— The manage of the series of			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of Inte	erest	
20	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: ► Ralph Reineking  1642 North 12th Street Sheboygan, WI 53081-2504 (920) 457-5388	rds o	the	
	10-2 Note: 12th Street Stebbygan, 441 55061-2504 (920) 457-5388			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	mpensate	any o	offic	er,	dire	ector,	trus	tee, or key en	nployee.	
(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average	Positi				that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Burdette Schuldt 3623 North 48th St. Sheboygan, WI 53083				1						90.00
Kenneth Hemenway 1408 North 28th St. Sheboygan, WI 53081				1						150.00
Ralph Reineking 1642 North 12th St. Sheboygan, WI 5081-2504				<b>√</b>						300.00
								-		
								-		

Part VII Section A. Officers, Directors, T	Officers, Directors, Trustees, Key Employees, and Hi		d Hig	hest	Compensated		continu					
(A)	(B)				<b>3</b> )			(D)	(E)		(F) 	
Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	RHIghest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	C) &	Estimate amount other mpensa from th rganizatind relating	of tion te tion ted
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	-											
	-											_
<ul> <li>Total</li></ul>	se in 1a) w	ho red	eiv	ed r	nor	e thai	► n \$1	00,000 in repo	rtable compe	ensatio	from	the
											Yes	No
3 Did the organization list any former officemployee on line 1a? If "Yes," complete	Schedule J	for st	uch	Indi	ivid	ıal				3	ļ	1
4 For any individual listed on line 1a, is the the organization and related organization												
<ul> <li>individual</li></ul>	· · · · · · · · · · · · · · · · · · ·	com plete	pen Sch	sati edu	on : on :	from I for s	any	unrelated org	anization for	5		<b>✓</b>
Section B. Independent Contractors								разова	<u> </u>			<u> </u>
<ol> <li>Complete this table for your five highest compensation from the organization.</li> </ol>	compensate	ed ind	epe	ende	ent (	contra	acto	rs that receive	d more than	\$100,0	00 of	
(A) Name and business a	ddress		·					(B) Description of s	ervices		(C) censatio	'n
N/A											<del></del>	
2 Total number of independent contractor compensation from the organization ►	s (including	those	in.	1) v	vho	recei	ved	more than \$10	00,000 in			
									<del></del>	For	m <b>99</b> 0	(2008

Part	VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Total. Add lines 1a-1f		2776.36			
æ		ļ	Business Code			İ	
Program Service Revenue	2a	Cash Awards		2414.00	-		
œ	b	Poppy Drive		3316.47			
ξ	С						
Şei	d						
Ë	е						
Ę.	f	All other program service revenue .					
<u>₹</u>	g	Total. Add lines 2a-2f	▶	5730.47			
	3	Investment income (including dividends, I other similar amounts)	▶	279.92			
	4	Income from investment of tax-exempt bond p					
	5	Royalties	▶	···			
		(i) Real	(ii) Personal				
	6a	Gross Rents . 13850.00					
	b	Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)	>			13850.00	
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses .					
	c d	Gain or (loss)	•				
Revenue	8a	Gross income from fundraising events (not including \$					l
		of contributions reported on line 1c). See Part IV, line 18			·		
Othe	C	Less: direct expenses b Net income or (loss) from fundraising ever	nts ▶				<u> </u>
	ł	Gross income from garning activities. See Part IV, line 19					
	С	Less: direct expenses b	es <b>&gt;</b>				
		Gross sales of inventory, less returns and allowances a				ļ	
		Less: cost of goods sold b					
	C	Net Income or (loss) from sales of inventory					
			lusiness Code				
		See attached		113947.34			
		See attached				10091.40	
	c	Bar Gross income		· · · · · · · · · · · · · · · · · · ·		36364.99	
		All other revenue				55557.33	
		Total. Add lines 11a-11d		113947.34			<del> </del>
		Total Revenue. Add lines 1h, 2g, 3, 4, 5,		1 (3941.34			<del></del>
	12	9c, 10c, and 11e	oa, /d, 8c, ▶	122734.09		60306.39	

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				,						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				····						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members	1461.80	1461.80								
5	Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	44704.44	11562.60	33141.84							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .										
9	Other employee benefits	5000.47	0.477.50	0740.07							
10	Payroll taxes	5220.17	2477.50	2742.67	· · · · · · · · · · · · · · · · · · ·						
11	Fees for services (non-employees):	l									
а	Management										
b											
c	Accounting										
	Lobbylng			····	·						
	Professional fundraising services. See Part IV, line 17	-···									
f	Investment management fees				<del></del>						
	<del>-</del>		<del></del>								
	Other	000.07	000.07		<del></del>						
12	Advertising and promotion	908.87	908.87								
13	Office expenses	7151.29	3874.08	3277.21							
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses				<del></del>						
19	for any federal, state, or local public officials Conferences, conventions, and meetings		•								
20											
	Interest										
21	Payments to affiliates	4000 00	45000.45								
22	Depreciation, depletion, and amortization.	16239.88	15993.12	246.76	······································						
23	Insurance	4369.00	4369.00	<u>-</u>							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
а	See Attached	23015.04		23015.04	· · · · · · · · · · · · · · · · · · ·						
ь	See Attached	90994.22	90994.22	20010.04	<del></del>						
c	Contributions	2525.00	2525.00								
d		2020.00	2323.00								
9	All -al-		<del></del>		·						
25 26	All other expenses  Total functional expenses. Add lines 1 through 24f	196589.71	134166.19	62423.52							
<b>20</b>	Joint Costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Pa	rt X L	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	35235.17	1	34857.85
	2	Savings and temporary cash investments	27214.33	2	24622.91
i	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	5496.51	8	4714.63
4	9	Prepaid expenses and deferred charges	1620.72	9	
	10a	Land, bulldings, and equipment: cost basis 10a 543424.56			
	Ь		461132.05	10c	447202.17
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1017.41
	16			<del></del>	512414.97
	17	Accounts payable and accrued expenses		<del></del>	2124.99
	18	Grants payable		18	
	19	Deferred revenue		19	
ø.	20	Tax-exempt bond liabilities		21	····
ij	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total Ilabilities. Add lines 17 through 25	414.85	26	2124.99
Balances	  - 	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	,		
Ē	27	Unrestricted net assets		27	· · · · · · · · · · · · · · · · · · ·
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Net Assets or Fund	}	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
881	31	Paid-In or capital surplus, or land, bullding, or equipment fund	410743.16	31	411243.16
X A	32	Retained earnings, endowment, accumulated income, or other funds	137540.77		99046.82
N	33	Total net assets or fund balances	548283.93		510289.98
	34 rt XI	Total llabilities and net assets/fund balances	548698.78	34	512414.97
Fa	II L AI	Financial Statements and Reporting	<del></del>		
_		and the standard of the standa	<b>П</b>		Yes No
1		ounting method used to prepare the Form 990:   Cash  Accrual	☐ Other	_	
2a	vver	te the organization's financial statements compiled or reviewed by an indi-	ependent accountant	7	2a
b		te the organization's financial statements audited by an independent acco			2b
С	ii "Y	es" to lines 2a or 2b, does the organization have a committee that assumes	responsibility for overs	sight of	26 1
30	ine i Ae e	audit, review, or compilation of its financial statements and selection of an inc a result of a federal award, was the organization required to undergo an a	pependent accountant	forth 1	
-	the		iudit or audits as set		
Ь		es," did the organization undergo the required audit or audits?			3a
			· · · · · · · · · · · · · · · · · · ·	<del></del>	

## **BUSINESS DEDUCTIONS**

A Part of the Income Tax Return of

TITILL	Name VFW Sheboygan Memorial Post 9156 Emp. I.D. # 39-102382

FOR THE YEAR Ended June 30, 2009

			Other	Curi	ent As	se	ts		<del></del>	
OTHER BUSINESS EXPENS	ES					Ве	rinni	<u>ne</u>	Endi	LE_
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OFHER ENCOME	·	<b>,</b> .					<b></b>	.	<u> </u>	
Fill Fry INCOME	5 89274	19		•••••	••••••			<u> </u>		
BINGO ENGUME	81.65	20.	Total				ħ		\$	ينسلب
Bings ENGUME Sales Tax Discount	60	0.0.	Dther	Cura	rent Li	ab	ilitie	S		
Miscellaneous INCOME	6 355	50					<u>eginni</u>		Endj	ne
Chicken Fry Twoore Pig Roas T IN Come	6.510	50		· · · · · · · · · · · · ·			£	. <b>.</b>	\$	
Pig Roas [ INcome	35.82	!5	<u>  .</u>				· •••••••••••			
TO PACT VIE LINE 11 a.	.1.1.3.94.7	3!								
				••••••		•••••		·	·	
Machine Income	8324 55	0.0	- ······	•••••			•••••	·}····		
Sales Taxdiscount.	5.5	2		• • • • • • • • • • • • • • • • • • • •	•••••••					
Miscellaneous INCOME	17/2	14.0		•••••	•••••	•••••		·		·
		····				•••••		· <b> </b> · · · ·	·	····}·····
Total To Part VIII Live 115	<b>6</b> *(1, C)		Total	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • •		<del></del>	<del></del>	<del></del>
Total 10 Part VIII LINE 11:	\$ 10091	14.0	1 ocai				k		13	سساب
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 $\checkmark$ 

## Expenses to form 990 lines 24A & 24B

EXPENSE	<b>AMOUNT</b>
Utilities & Phone	\$11,706.62
Miscellaneous	\$240.60
Licenses	\$870.00
Repairs & Maintenance	\$6,133.33
Car Allowance	\$1,299.96
Lottery Expenses	\$255.00
Supplies	\$2,209.53
Officers Expense Allowance	<u>\$300.00</u>
FORM 990 LINE 24A	\$23,015.04
Officers Expense Allowance	<b>\$54</b> 0.00
Supplies	\$1,104.66
Convention Expense	\$1,016.95
Miscellaneous Expense	\$7,993.94
Fish Fry Expense	<b>\$54,051.59</b>
Repairs & Maintenance	\$2,900.56
Occupational Taxes	\$502.86
Rent Expense	\$9,400.00
Cash Awards Expense	\$1,300.20
Bond Expense	\$530.00
Chicken Fry Expense	\$3,785.99
Licenses	\$571.00
Property Taxes	\$3,458.32
Pig Roast Expense	\$3,300.98
Awards Program	<u>\$537.17</u>
FORM 990 LINE 24B	\$90,994.22

### **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

	Revenue Service (99)	► See	separate instructions.	► Attach	to your tax re	eturn.		Sequence No. 67
Name	ame(s) shown on return Business or activity to which this form relates					Identifying number		
VF	N Sheboygan Memo	orial Post 9150	Form	990				39-1023828
Par			ertain Property Unsted property, comp			complete Pari	: I.	
1			tions for a higher limit				1	\$250,000
2			y placed in service (se	2				
3			perty before reduction			tions)	3	\$800,000
4				ine 3 from line 2. If zero or less, enter -0				
5	Dollar Ilmitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing						5	
	(a)	Description of pro	perty	(b) Cost (busines	s use only)	(c) Elected cos	t	
6								
7	Listed property. En	ter the amoun	t from line 29		. 7			
8			property. Add amour			nd 7	8	
9			natier of line 5 or line				9	
10			n from line 13 of your		562		10	
11	•		smaller of business incom				11	
12			Add Ilnes 9 and 10, b				12	
13	Carryover of disallow	ed deduction to	2009. Add lines 9 and	10, less line 12	▶ 13			
Not	e: Do not use Part II	or Part III beld	ow for listed property.	Instead, use i	Part V.			
Pai	Special De	preciation Al	lowance and Other	Depreciation	n (Do not in	clude listed pr	roper	ty.) (See instructions.)
14 15	during the tax year (see Instructions)						14 15	
16	Other depreciation		201				16	
			(Do not include list			ections)		I
				Section A	<u> </u>			
17	MACRS deductions	for accets of	aced in service in tax	veam beginni	na before 20	IU8	17	15993.12
18		to group any	assets placed in serv		tax year into			
	Section B-	-Assets Place	d in Service During	2008 Tax Yea	r Using the	General Depr	eciat	ion System
(a)	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)		(e) Conventio			(g) Depreciation deduction
19a	3-year property			ļ				
_ <u>b</u>	5-year property					1		
_ c	7-year property	l						
_ <u>_d</u>	7,				<u> </u>			
_ <u>e</u>	15-year property							
	20-year property							
	25-year property			25 yrs.		S/L		
h	Residential rental				MM 5/L		.,	
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property	L	<u> </u>	<u> </u>	MM			
		ssets Piaced	In Service During 20	008 Tax Year	Using the A		recia	tion System
	Class life					5/L		
_	12-year			12 yrs.	ļ <u>.</u>	S/L		
	/III-VAOR		1	1 40				i

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see Instr.

Listed property. Enter amount from line 28 .

Part IV Summary (See instructions.)

Cat. No. 12906N

15993.12